

Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

James Beauchamp

CERTIFICATE OF DEATH

MARYLAND

Died at LichesterCounty Caroline

Date of death 190

Town

Month JulyDay 31

County

Years 1Months 10Days 17

Age

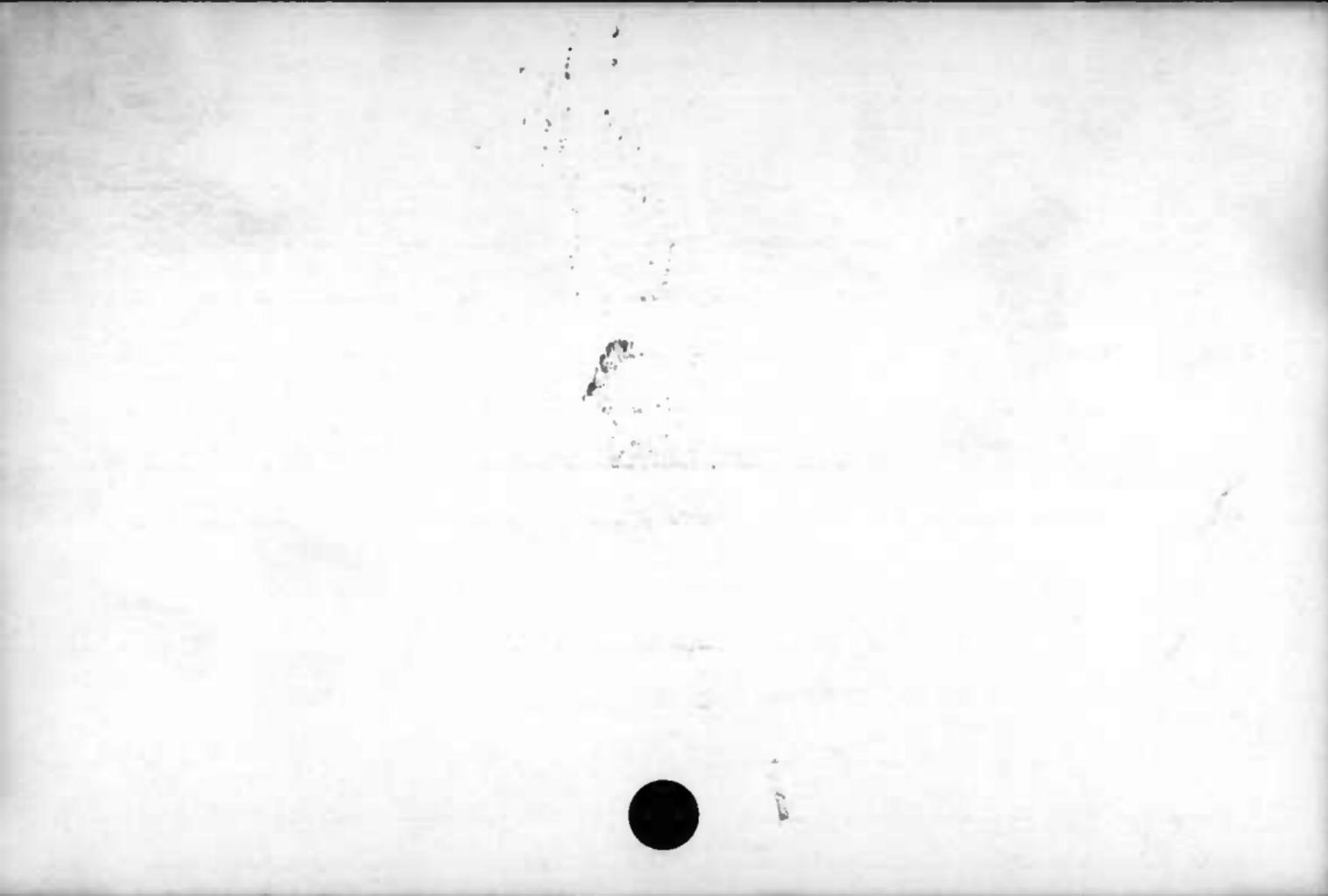
Sex maleColor or Race whiteBirth-place Md.Married, Single or Widowed —Occupation —Name of Wife or Husband —Father's Name John H. BeauchampFather's Birthplace Md.Mother's Maiden Name Maggie M. HoustonMother's Birthplace Washington D.C.Name of person giving information Jyna H. BeauchampHow related to deceased Hather

CAUSES OF DEATH

Primary DysenteryHow long 3 weeksImmediate ExhaustionHow long 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. L. HobleAddress Preston Md.Accident or Suicide? 



Name in Full

Certificate of Death

Adelaine Boodlon

Town

County

Died at

Dunbar

Montgomery

MARYLAND

Date 19

02

Month Day

Y. M.

D.

Native of

Penns

Occupation

Normal wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband of

Wife

Herbert Boodlon

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Dysphord Fever

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

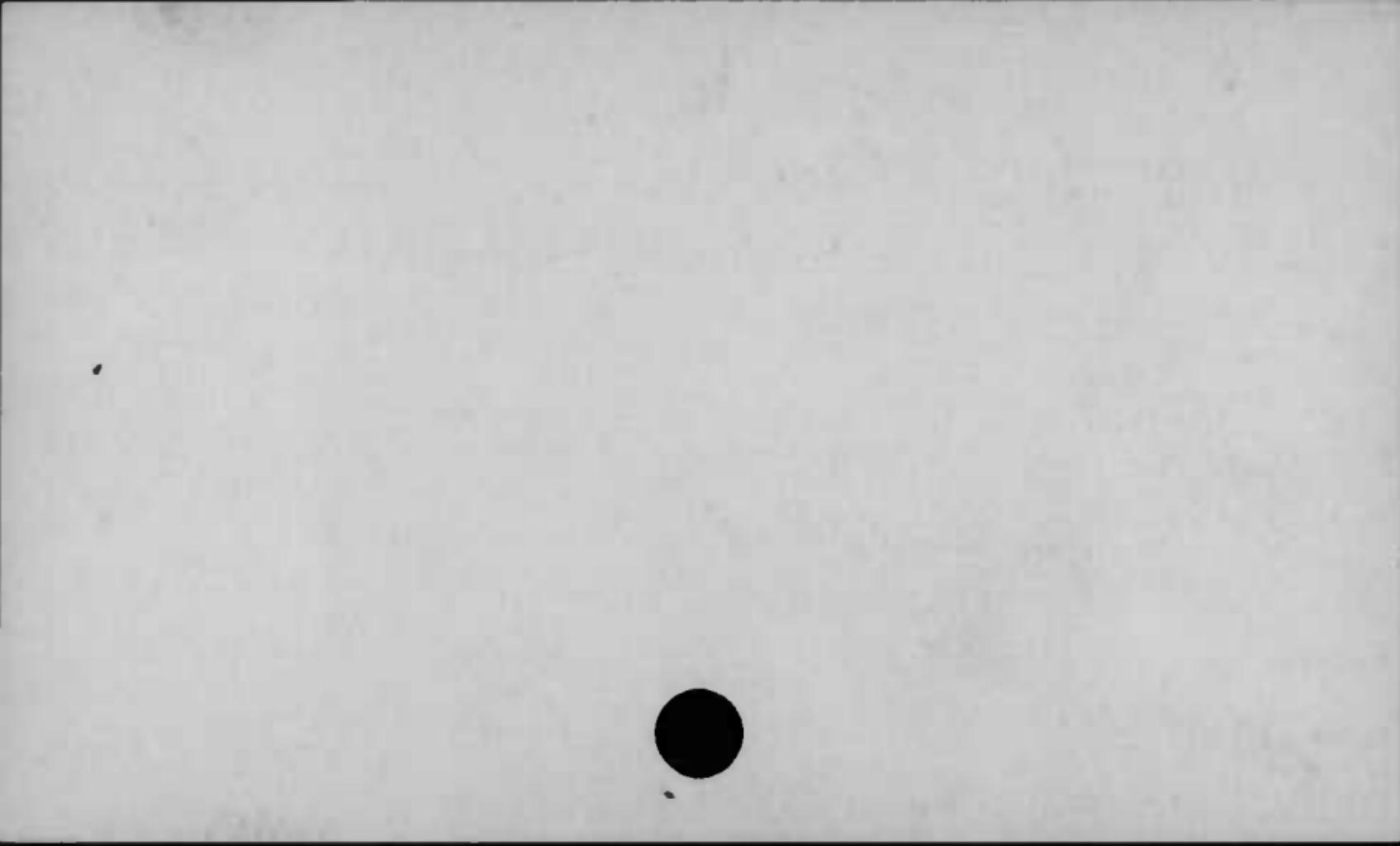
Reported by

Dr. Neander F. L.

Address

Dunbar Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Nugine Brown

Ridgely County
Caroline

Died at

MARYLAND

Month Day

Y. M. D.

Native of

Date 19

02 July 10

Age 1

20

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

on

Wife

Father's

Cathrina Brown

Mother's

Jordania Gordon

Name

Maiden Name

Cause of

Primary

Cholera Infantum

How long sick

weak

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. C. Madara

105
Med.

Address

Ridgely

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Hillsboro
July 12

Name
in
Full

Jane Dean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1902	Month July	Day 18	Years Age 65	Months	Days	
Sex Female	Color or Race White	Birth-place Md.				
Married, Single, or Widowed	Occupation					
Name of Wife or Husband Andrew Dean						
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Caralysis

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

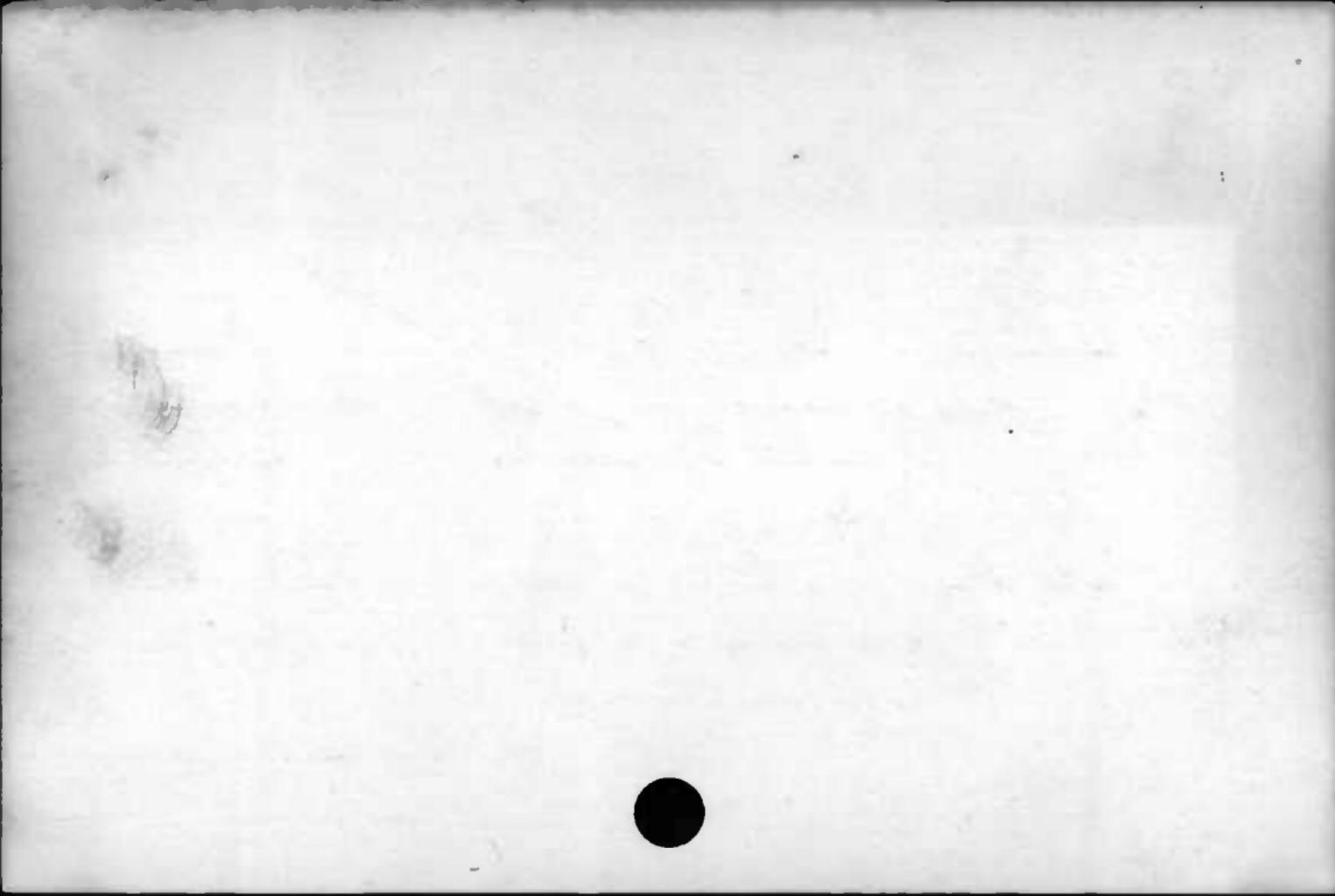
Address

yes

Jolye Dustadway
Fowling Creek

8

Accident or Suicide?



Wilhelmina Flamer

Died at Ridgely County MARYLAND

Date 1902	Month July	Day 8	Y. 61	M.	D.	Native of [REDACTED]	Occupation Housework
			Age 61	Married	Widow	[REDACTED]	
				Sing.	Widower	Number of children living	4
Husband	of Charles Flamer						
Female							
Male							
Colored							
White							

Wife Martha Cope
 Father's Name Wm Brown Mother's Maiden Name Martha Cope

Cause of Death	Primary	Hysteria	How long sick	2 weeks
	Immediate	Ecthanstion		Accident, Suicide, Homicide

Reported by

J.C. Madara M.D.

14

Address

Ridgely [REDACTED] Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Beehive at
Hillsborough

Mifflin Gibbs

Town

County

Died at

Marydel

Caroline

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Male

White

Age

Widow

Divorced

Female

Colored

Married

Single

Widower

Number of children living

Husband of

Wife

Father's Name

William Gibbs

Mother's

Maiden Name

Elizabeth Gibbs

Cause of

Primary

Disease Tuberculosis.

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

J E Gray M.D.

34

Address

Marydel M.



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Thomas Hackett, M.D.

Died at	Town	County				MARYLAND
	Hillsboro	Coraline				
Date 1962	Month	Day	Y.	M.	D.	Native of
	7	7	76	3	11	Ind.
Male	Age		Widow	Occupation		
<u>Female</u>	Married		Divorced	Physician		
	Single		Widower	Number of children living		
Husband of				5-		

Wife	M. B. Hackett		79
Father's Name	Wes Hackett	Mother's Maiden Name	Mary Hardcastle
Cause of Death	Primary	"Overexertion in afternoon	How long sick 50 minutes
	Immediate	Syncope	Accident, Suicide, Homicide

Reported by

Robley Hackett, M.D.
Suey [redacted] Jamie [redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Netty Elizabeth Hamilton

Town

County

MARYLAND

Died at

Ridgely

Caroline

Date

1902

Month

Day

Y.

M.

D.

Native of

Md.

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's
Name

Adam Hamilton

Mother's
Name

Netty Hamilton

105

How long sick

1 week

Cause of

Primary

Cholera infantum

Death

Immediate

Exhaustion

Accident, Sudden, Household

Reported by

J. C. Macdara

Address

Ridgely



Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Buried at
Mission

Name
in
Full

John W. Harrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

8

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Occupation		
Married, <u>S</u> <u>Wife</u>		77	Harmon		
Name of Wife or Husband	Catherine				
Father's Name	Jacob Reese				
Mother's Maiden Name	123				
Name of person giving Information	None				

CAUSES OF DEATH

Primary

Cystitis

How long

2 years

Immediate

Hemorrhage

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. L. Hobel
Preston Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Agatha Hoffman				CERTIFICATE OF DEATH			
Died at Denton		Town	County	MARYLAND			
Date of death 1907	Month July	Day 1	Years Age 66	Months —	Days —		
Sex Female	Color or Race White	Occupation Housewife			Birth-place Germany		
Married, Single or Widowed	Widowhood			Harry Hoffman			
Name of Wife or Husband	Harry Hoffman			Father's Name	Germany		
Father's Name	Just Harry			Mother's Birthplace	Germany		
Mother's Maiden Name	Just Kivir			How related to deceased	Germany		
Name of person giving information	Edward Hoffman			Rose			

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary

Cancer of stomach

How long

—

How long

Several years,

Immediate

dental

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

P R Fisher

Denton Md.

8

Accident or Suicide? —



Grace Jones

Town

Preston

County

Caroline

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Md

Occupation

 Male

White

 Married

Widow

 Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Unknown

Mother's

Grace Jones

Maiden Name

Cause of

Primary

Bowel Complaint

How long sick

Death

Immediate

3 weeks

Accident, Suicide, Homicide

Reported by

Wm H. Hollis Undertaker

Address

Preston [redacted] Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Mary Gochermann

Certificate of Death

Died at	Town	County	MARYLAND
	<i>Clinton</i>	<i>Frederick</i>	
Date 19	Month	Day	Native of
04	July	21	<i>Frederick</i>
Female	Colored	Age	Occupation
<i>Maided</i>	<i>White</i>	19	<i>—</i>
		2	
		Widow	Divorced
Husband of			Number of children living
Wife			
Father's Name		Mother's Maiden Name	<i>Kora Gochermann</i>
Cause of Death	Primary	How long sick	<i>2 weeks</i>
	Immediate		
	<i>Colley supervisor</i>	<i>105</i>	
Reported by	<i>Kora Gochermann</i>		
Address	<i>9</i>		

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Meredith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J.

Died at	Town	Meredith		County	Caroline		MARYLAND
Date of death 190	Month	Day	Age	Years	Months	Days	
2	July	36					3 hours
Sex	Color or Race	Male		White	Birth-place	Baltimore	
Married, Single or Widowed				Occupation			
Name of Wife or Husband				15			
Father's Name	Chris Merridish			Father's Birthplace	I.A. Co.		
Mother's Maiden Name	Rosa Black			Mother's Birthplace	Caroline Co.		
Name of person giving information	Chris Merridish			How related to deceased	Fisher		

CAUSES OF DEATH

Primary	Gastric birth	How long
Immediate	Aphexia	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D.W.B. Coroner,
Greensboro, N.C.

Accident or Suicide?



Name
in
Full

Mrs Clarke Merridith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Salisbury	County Caroline	MARYLAND		
Date of death 190	Month July	Day 31	Age 23	Months 10	Days 20
Sex Female	Color or Race White	Birth-place Caroline Co.			
Married, Single or Widowed Married	Occupation House work				
Name of Wife or Husband Charles Merridith.					
Father's Name Noah J. Black	Father's Birthplace L.A. Co.,				
Mother's Maiden Name Rachel Black	Mother's Birthplace Caroline Co.				
Name of person giving Information Mrs. Merridith	How related to deceased Husband.				

CAUSES OF DEATH

104

Primary
Permeative Trinitro
Immediate Etherization. I

How long
3 weeks

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

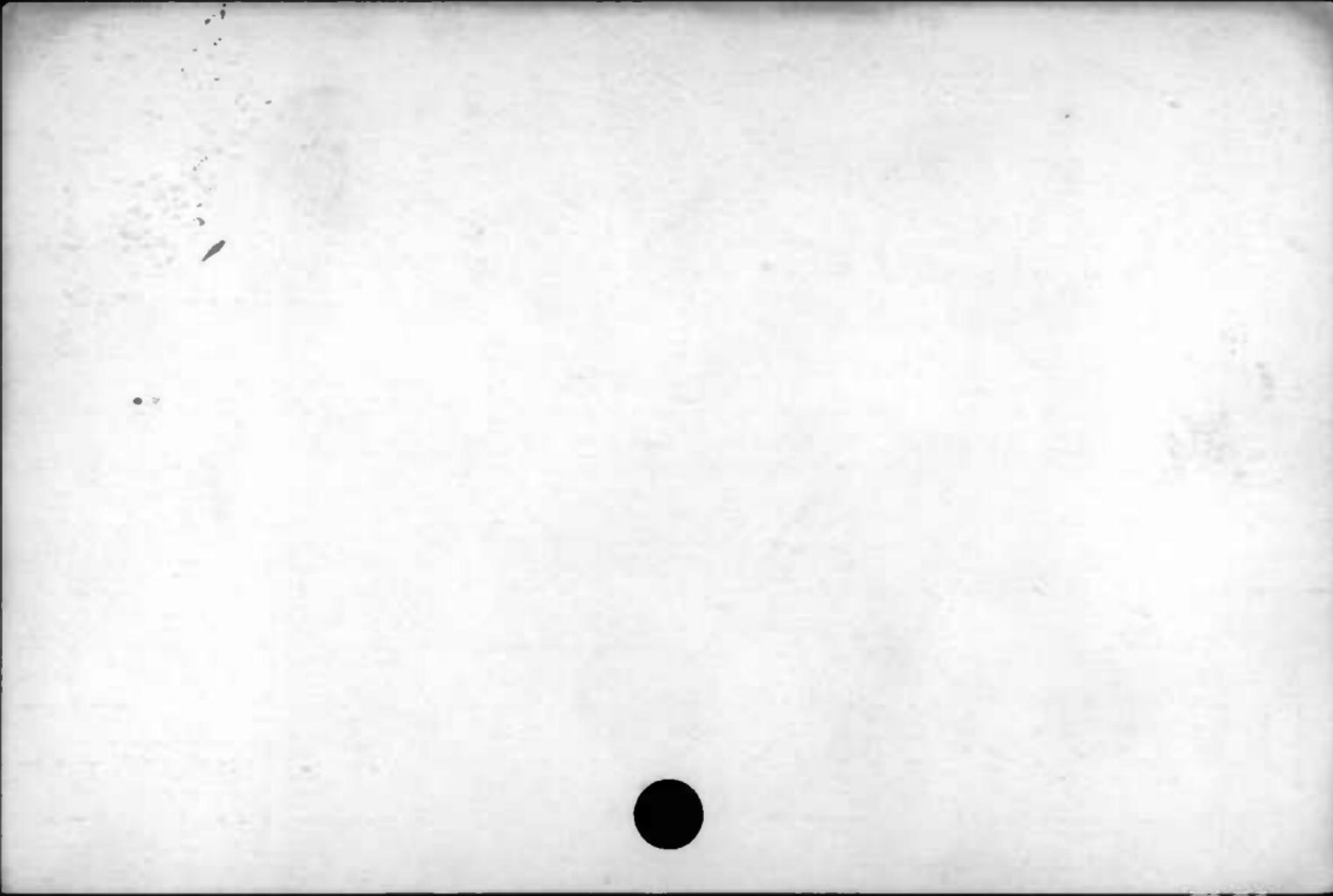
Yes

Signature of
Physician

Address

P. M. B. C. 1904
Salisbury,
Md.

Accident or Suicide?



Name
in
Full

Ludwig Meyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Day	Years Months Days
Sex	Color or Race	Occupation	Birth-Place
Married, Single or Widowed	Married Farmer.		
Name of Wife or Husband	Lea Meyer		
Father's Name	Friedl Meyer 199		
Mother's Maiden Name	—		
Name of person giving Information			

CAUSES OF DEATH

Primary Intercostal Neuralgia
Immediate Exhaustion

How long 4 months
How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

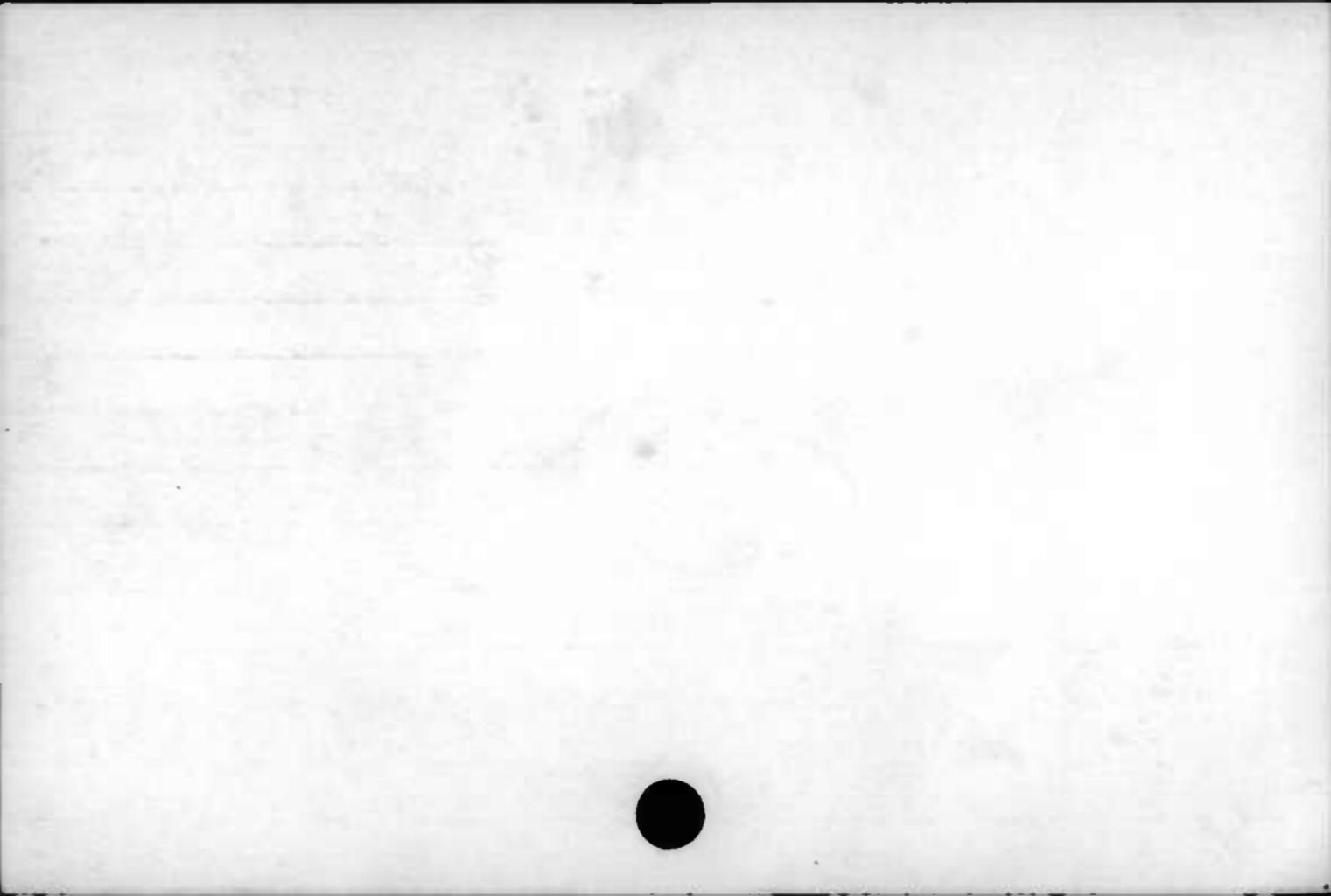
Signature of Physician

Address

J. J. Stone M.D.

Ridgely
Md

Accident or Suicide?



Name
in
Full

Sister Mary Anna Miller,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1902	Month July	Day 13	Years Age 42	Months 8 Days
Sex Female	Color or Race German	Occupation	Birthplace Germany	
Married, Single <u>Single</u>	Religious			
Name of Wife or Husband				
Father's Name	Audrey Miller		Father's Birthplace	Germany
Mother's Maiden Name	Regina - 27		Mother's Birthplace	Do
Name of person giving Information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Pulmonary Tuberculosis 10 years

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

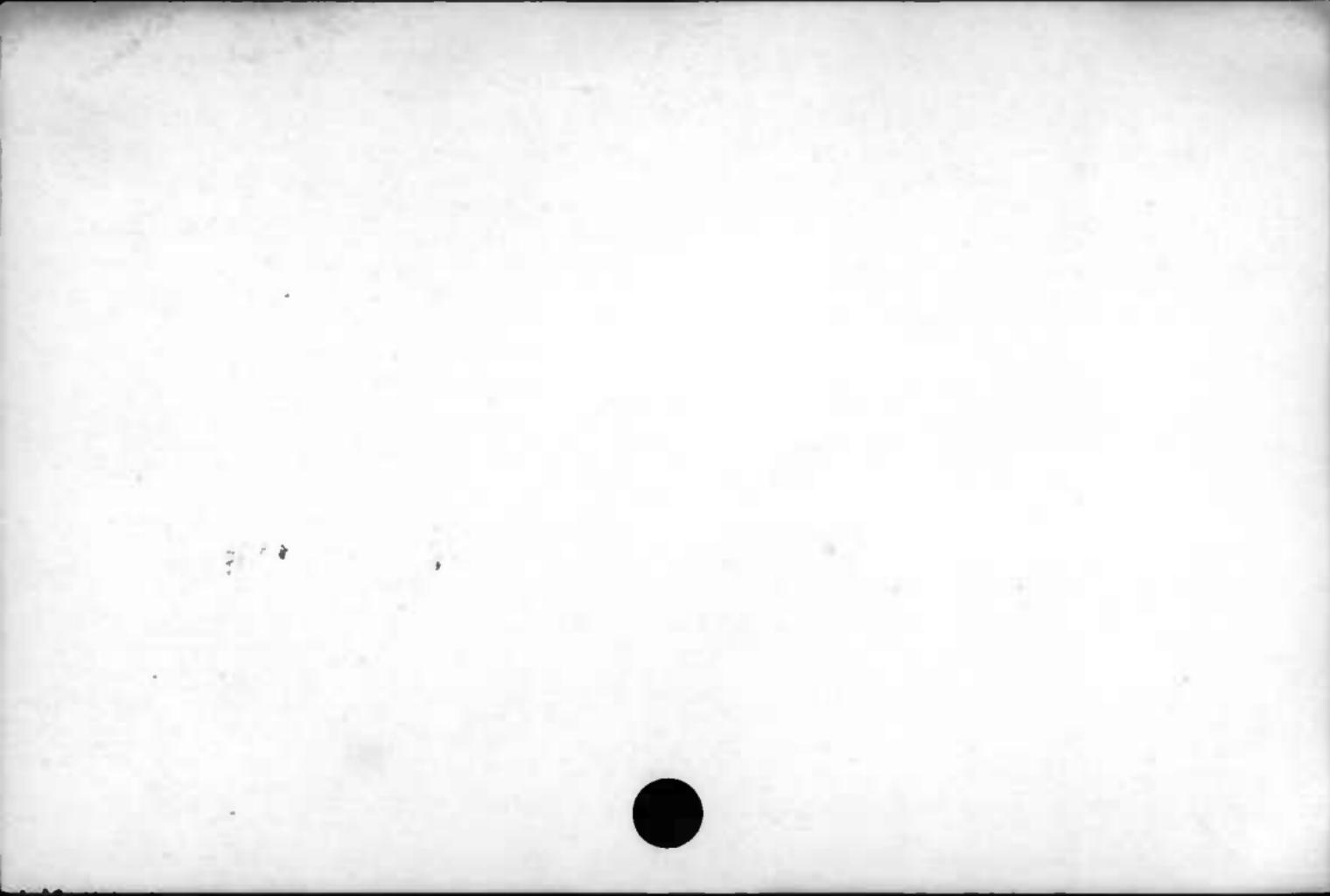
Address

Dr. F. S. Stone
Ridgely

8

Accident or Suicide?

Med



Name
in
Full

William Daniel Robinson

CERTIFICATE OF DEATH

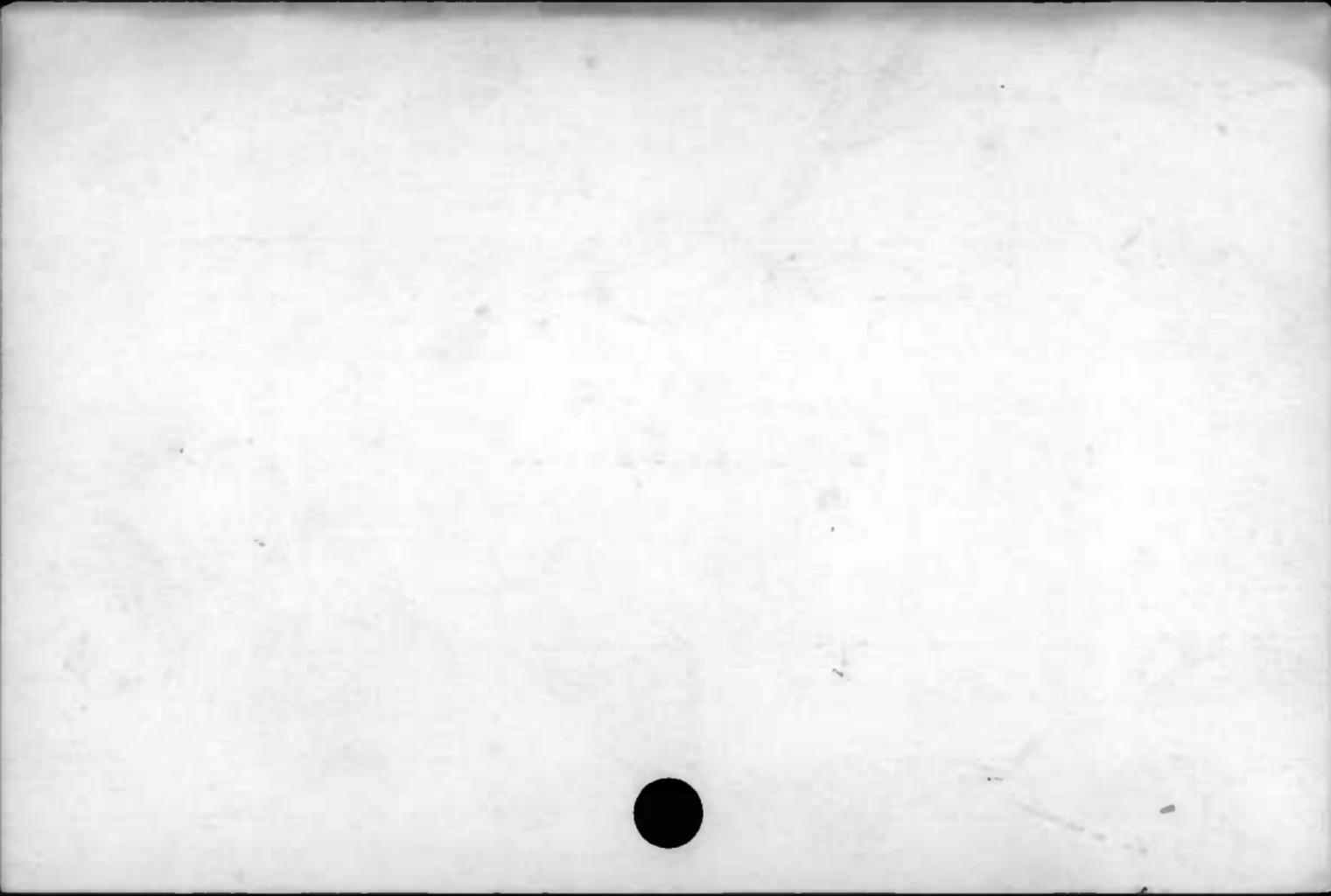
TO BE ANSWERED BY
NEAREST FRIEND

Town	Fowling Creek		County	Caroline	
Date of death 1907	Month	Day	Years	Months	Days
Sex	male	Color or Race	Age	Birth- place	nd.
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Bayard Robinson		Father's Birthplace	Delaware	
Mother's Maiden Name	Olive Payne		Mother's Birthplace	nd.	
Name of person giving Information	105				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera infantum		How long	18 hours
Immediate			How long	
Are the name, age, sex, color or date and place correctly given above?	Signature of Physician		John Duffieldway	
	Address		Fowling Creek Md.	
8				
Accident or Suicide?				



Name
in
Full

Archie A. Satterfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rock Ridge</u> ^{Town} <u>Maryland</u> ^{County}					MARYLAND	
Date of death 1902	Month July	Day 13	Age 7	Years	Months	Days 78
Sex Male	Color or Race Negro		Birth-place <u>old -</u>			
<u>Married, Single or Widowed</u>	Occupation <u>4</u>					
Name of Wife or Husband	<u>John Satterfield -</u>					
Father's Name	<u>old</u>					
Mother's Maiden Name	<u>Anna A. Pitchett.</u>					
Name of person giving Information	<u>old</u>					
How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Petechious Malaria</u>	How long
Immediate	<u>Capillary Bronchitis</u>	How long

Are the name, age, sex, color, date and place correctly given above?

8

Accident or Suicide?

Signature of Physician

Address

R. J. Stover M.D.
Ridgeley old,

Leawood

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month 7	Day 31	Years —	Months —	Days 4
Sex Female	Color or Race Black	Occupation	Birth- place Denton		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name James Sharp	16	Father's Birthplace MD			
Mother's Maiden Name Mary Puttens		Mother's Birthplace MD			
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate Strangulation

How long 5 min

Are the name, age, sex, color, race
and place correctly given above?

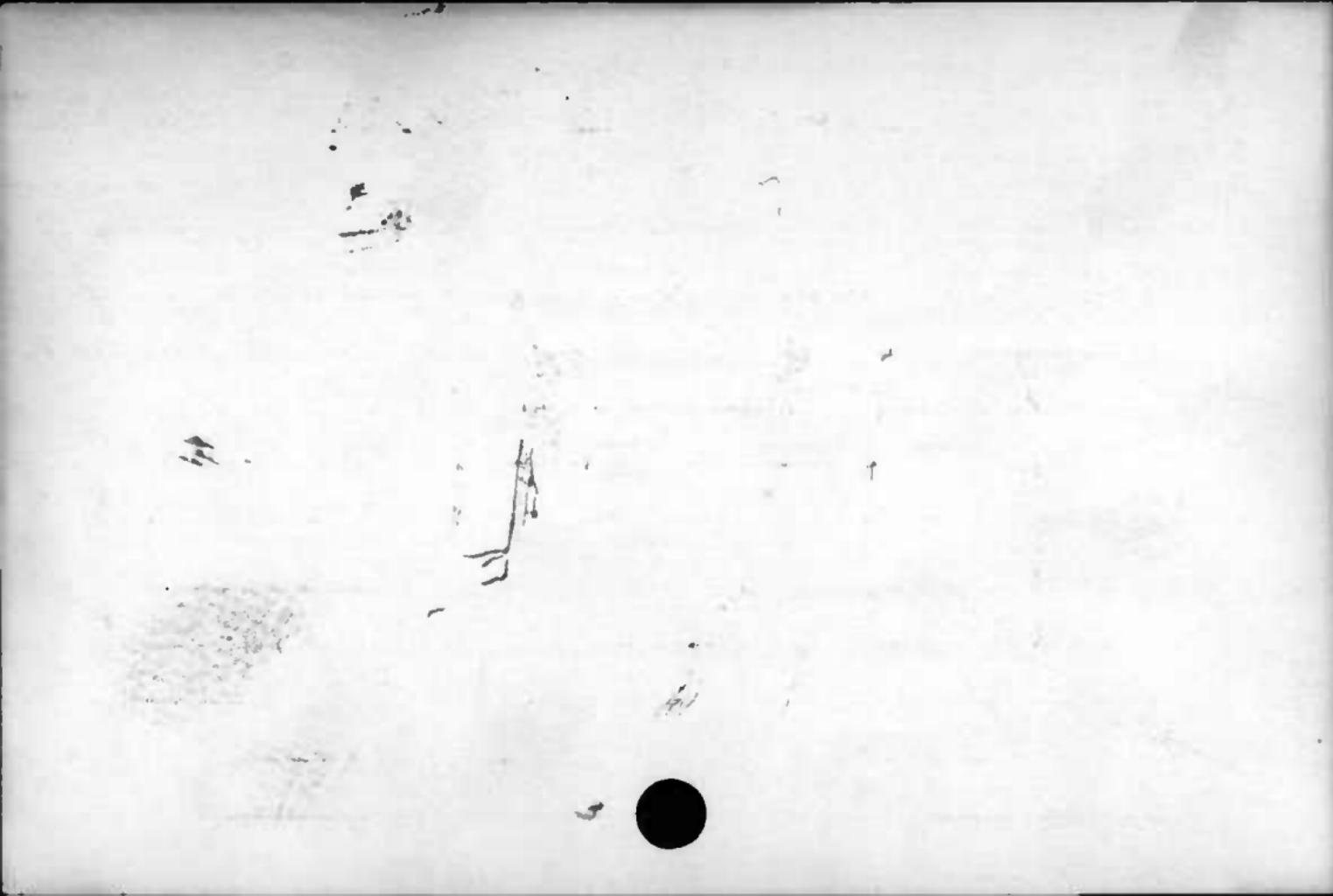
Signature of
Physician

Address

F. J. Nichols MD.

Denton MD

Accident or Suicide?



Emma Thomas

Town *Ridgeley* County *Caroline* MARYLAND

Died at

Date 1902

Month *7* Day *7*

Y. M. D.

Native of

Age *5·7 12*
~~Married~~~~Widow~~

Divorced

Female

Colored

Single

Number of children living

~~Husband~~ of~~Wife~~

Father's Name

*Wm Thomas*Mother's Maiden Name
Mary Gross

Cause of Death

Primary

Whooping Cough

How long sick

One week

Immediate

Accident, Suicide, Homicide

Reported by

Walter Ford

Address

*Ridgeley Md**J. A. Davis*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Hailbow
July 9

John Robert Thomas

Town
DentonCounty
Caroline

MARYLAND

Died at

Month
JulyDay
30Y.
70M.
-D.
-Native of
MdOccupation
Laborer

Date 1902

Male

Age
70

-

-

-

-

Female

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

5

Husband of

Elvina Thomas.

Wife

Father's

Name

John Robert Thomas.

Mother's

Maiden Name

Elvina Thomas

Cause of

Primary

General Debility -

How long sick

6 months

Death

Immediate

15

Accident, Suicide, Homicide

Reported by

J. P. McDonald Jr. 19

Address

Denton, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Samuel Thomas

Died at Hanovertown Town Caroline County MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	7	24	Age	1	24	<u>mt</u>	<u> </u>
Male	White	Married	Widow	Divorced			
<u>Female</u>	Colored	Single	Widower	Number of children living			

Husband
of

Wife

Father's
Name

Wm Thomas Mother's
Maiden Name

Cause of

Primary

How long sick

Cholera Infarction

6 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Robley Hackith, M.D.

Address

Zuever [redacted] same Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J

Died at <u>New Jauyard</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death 1907	Month 7	Day 12	Age	Years	Months	Days
Sex Female	Color or Race	white		Birth-place	Md.	
Married, Single or Widowed	Occupation			—		
Name of Wife or Husband	—					
Father's Name	—			Father's Birthplace		
Mother's Maiden Name	<u>Clara Frie</u>			Mother's Birthplace	Md.	
Name of person giving information	<u>James Frie</u>			How related to deceased	<u>Grandfather</u>	
CAUSES OF DEATH						
Primary	<u>Death known</u>			151	How long	<u>One month</u>
Immediate	"	"	"		How long	

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. A. Frie
Boston
Md.

Accident or Suicide?

